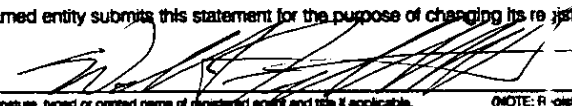
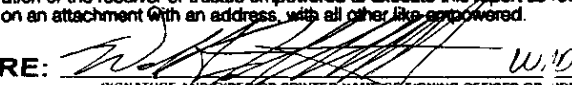


2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2001 8:00 am
Secretary of State

05-23-2001 90463 041 ***158.75

768911

DOCUMENT # P97000088198			
1. Entity Name FAHNESTOCK & ASSOCIATES, INC.			
Principal Place of Business 5875 Hollyhock Drive Lakeland, FL 33813		Mailing Address PO BOX 5440 LAKELAND, FL 33807-5440	
2. Principal Place of Business 5875 Hollyhock Drive		3. Mailing Address PO BOX 5440	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Lakeland, FL		City & State LAKELAND FL	
Zip 33813	Country US	Zip 33807-5440	Country US
6. Name and Address of Current Registered Agent WADE A. FAHNESTOCK 5875 Hollyhock Drive Lakeland, FL 33813		7. Name and Address of New Registered Agent Name: FAHNESTOCK, WADE A. Street Address (P.O. Box Number is Not Acceptable): 5875 Hollyhock Drive City: Lakeland FL Zip Code: 33813	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE  WADE A. FAHNESTOCK 4/30/01 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) President DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☐ (See criteria on back)		FILE NOW!!! After MAY 1, 2001 Fee is \$150.00 Fee will be \$550.00 Make Check Payable to Department of State	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D ☐ Delete NAME WADE A. FAHNESTOCK STREET ADDRESS 5875 HOLLYHOCK DRIVE CITY-ST-ZIP LAKELAND, FL 33813		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  WADE A. FAHNESTOCK 4/30/01 863-647-2524 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President			

DO NOT WRITE IN THIS SPACE

4. FEI Number 593488056 ☐ **Applied For**
☒ **Not Applicable**

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

10. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

CR2E034 (11/00)